

*Multiple Dependent Claims*  
MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 975)

APPLICANT'S

10/009 52

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          | 2    |                        |      |                        |      |
| 5            |          | 3    |                        |      |                        |      |
| 6            |          |      |                        |      |                        |      |
| 7            | 1        | 1    |                        |      |                        |      |
| 8            |          | 2    |                        |      |                        |      |
| 9            | 2        |      |                        |      |                        |      |
| 10           | 1        |      |                        |      |                        |      |
| 11           |          | 1    |                        |      |                        |      |
| 12           |          |      | 1                      |      |                        |      |
| 13           |          |      | 1                      |      |                        |      |
| 14           |          |      |                        |      |                        |      |
| 15           |          |      |                        |      |                        |      |
| 16           |          |      |                        |      |                        |      |
| 17           |          |      |                        |      |                        |      |
| 18           |          |      |                        |      |                        |      |
| 19           |          | 1    |                        |      |                        |      |
| 20           |          | 1    |                        |      |                        |      |
| 21           |          | 1    |                        |      |                        |      |
| 22           |          | 1    |                        |      |                        |      |
| 23           |          |      |                        |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
| 26           |          |      |                        |      |                        |      |
| 27           |          |      |                        |      |                        |      |
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| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
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| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
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| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
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| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      |                        |      |                        |      |
| TOTAL DEP.   |          |      |                        |      |                        |      |
| TOTAL CLAIMS |          |      |                        |      |                        |      |

|              | *    | *    | *    | *    |
|--------------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |
| 52           |      |      |      |      |
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| 97           |      |      |      |      |
| 98           |      |      |      |      |
| 99           |      |      |      |      |
| 100          |      |      |      |      |
| TOTAL IND.   |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |